

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

Department of Water Resources

Division, Department, or Region (if applicable)

Executive Division/SWP

Street Address

1416 9th Street, Sacramento, CA 94236-0001

Area Code/Phone Number

(916) 653-8043

Email

mark.andersen@water.ca.gov

Agency Contact (name and title)

Carl Torgersen

Date Stamp

2016 OCT -3 AM 11:13

California Form 801

For Official Use Only

☐ Amendment (explain in comment section)

Date of Original Filing: 10-3-16
(month, day, year)

2. Donor Name and Address

☐ Individual

Last Name

First Name

☒ Other

China IWHR

Name

A-1 Fuxing Road,

Beijing, China 100038

Address

City

State

Zip Code

China Institute of Water Resources and Hydropower Research (IWHR)-Chinese Government

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

→ If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

Name	\$	Amount	Name	\$	Amount
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3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment

See Attachments

7/16/16-7/23/16

Location of Travel

Dates (month, day, year)

Transportation Provider ☐ Rail ☐ Air ☐ Bus ☐ Auto ☐ Other

Check Applicable Boxes

Name of Lodging Facility

\$	Lodging Expenses	\$	Meal Expenses	\$	Transportation Expenses	\$	Other Expenses	\$	Total Expenses
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3.1 (b) Payment(s) not related to travel:

Dates (month, day, year)	\$	Total Expenses
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3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

All costs incurred and paid by the China IWHR. Trip purpose: visit/inspect China South to North Water Diversion Project facilities, share operational/financial details of the SWP with CSNWDP engineers/managers/similar representatives from IWHR at day long seminar 7/18/2016

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Andersen	Mark	Acting Deputy Director	State Water Project
Last Name	First Name	Position/Title	Department/Division
Leahigh	John	Principal Engineer	Operations & Maintenance
Last Name	First Name	Position/Title	Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Signature	Print Name	Title	(month, day, year)
	CARL A. TORGERSEN	CHIEF DEPUTY DIRECTOR	9/28/16

Comment:

(Use this space or an attachment for any additional information)

FPPC Form 801 (Jan/14)
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DWR State Water Project Management Trip to China - July 16 to July 23 2016

All costs below incurred and paid by the China Institute of Water Resources and Hydropower Research

The trip purpose was to visit/inspect China South to North Water Diversion Project facilities and share operational and financial details of the SWP with the CSNWDP engineers/managers as well as similar representatives from the IWHR at day long seminar on 7/18/16

DWR Managers	Air Fare (China Air)	Lodging	Meals	Transportation, mail, & tickets	China Business Visitor's Visa
Mark Andersen	\$4,365.44	\$450.03	\$320.88	\$133.82	\$248.51
John Leahigh	\$2,350.62	\$450.03	\$320.88	\$133.82	\$248.51
Subtotals	\$6,716.07	\$900.05	\$641.76	\$267.64	\$497.02
				Grand Total	\$9,022.53



LETTER OF CERTIFICATION

To whom it may concern,

Thanks firstly for all the great efforts by Mr. Mark Edward Andersen and Mr. John William Leahigh for their excellent presentations and effective communications in the seminar in Beijing on water diversion projects. As promised in our invitation letter, China Institute of Water Resources and Hydropower Research (IWHR) is responsible for all their expenses in China, and we are sending this letter of certification with regard to details as follows:

1. Two roundtrip air tickets: 44,592RMB
2. Visa application: 3,300RMB
3. Lodging for six nights : 5,976RMB
4. Board for seven days: 4261RMB
5. Misc.: 1777.4RMB, including express mailing fees for the invitation letter, educational materials and souvenirs, as well as tickets for the Great Wall.

The total expenditure is 59906.4RMB.

We are also certifying that the following issues:

1. They are receiving two courtesy gifts of 150RMB respectively.
2. Except all the activities for the seminar and field trips to South-to-North Water Diversion Project(SNWDP) and the SNWDP destination in the Summer Palace, we also organized one day for sight-seeing to the Great Wall.
3. It is a great pity that we had to cancel their trip to the Three Gorges due to the heavy rainfall of 100 year return period.

If there is any question, please feel free to contact us at any time.

Sincerely Yours,

China Institute of Water Resources and Hydropower Research (IWHR)

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name California Natural Resources Agency		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Department of Water Resources - Division of Safety of Dams			
Street Address 2200 X Street, Suite 200, Sacramento, CA 95818			
Area Code/Phone Number 916-227-9800	Email michael.waggoner@water.ca.gov	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: 10-11-16 (month, day, year)	
Agency Contact (name and title) Michael Waggoner, Chief, Field Engineering Branch			

2. Donor Name and Address

☐ Individual N/A N/A ☒ Other Southern California Edison (SCE)
 Last Name First Name Name
1515 Walnut Grove Avenue Rosemead CA 91770
 Address City State Zip Code
 Power Production
 If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

<u>N/A</u>	\$ <u>0.00</u>	<u>N/A</u>	\$ <u>0.00</u>
Name	Amount	Name	Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment Mono County 9/21/2016
 Location of Travel Dates (month, day, year)
SCE ☐ Rail ☒ Air ☐ Bus ☐ Auto ☐ Other N/A
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>100.00</u>	\$ <u>0.00</u>	\$ <u>100.00</u>
Lodging Expenses	Meal Expenses	Transportation Expenses	Other Expenses	Total Expenses

3.1 (b) Payment(s) not related to travel: N/A \$ 0.00
 Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Helicopter travel was offered by SCE to expedite travel to jointly inspect dams in remote areas under State jurisdiction for dam safety. The use of a helicopter is more efficient for both organizations and is generally a safer mode of transportation to dams with limited road access.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

<u>Wulff</u>	<u>Eric</u>	<u>Senior Engineer, W.R.</u>	<u>DWR/DSOD</u>
Last Name	First Name	Position/Title	Department/Division
<u> </u>	<u> </u>	<u> </u>	<u> </u>
Last Name	First Name	Position/Title	Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Michael Waggoner Michael Waggoner Field Engineering Branch Chief 10/11/16
 Signature Print Name Title (month, day, year)

Comment:

(Use this space or an attachment for any additional information)

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Payment to Agency Report

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PAYMENT TO AGENCY REPORT

1. Agency Name

California Natural Resources Agency
 Division, Department, or Region (if applicable)
 Department of Water Resources - Division of Safety of Dams
 Street Address
 2200 X Street, Suite 200, Sacramento, CA 95818
 Area Code/Phone Number
 916-227-9800
 Email
 michael.waggoner@water.ca.gov
 Agency Contact (name and title)
 Michael Waggoner, Chief, Field Engineering Branch

Date Stamp

RECEIVED
 DWR PERSONNEL

2016 OCT 19 AM 8:30

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☐ Amendment (explain in comment section)

Date of Original Filing: 10-19-16
 (month, day, year)

2. Donor Name and Address

☐ Individual N/A N/A ☒ Other Nevada Irrigation District (NID)
 Last Name First Name Name
 1036 West Main Street Grass Valley CA 95945
 Address City State Zip Code

Hydroelectric Power Generation

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

→ If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

N/A \$ 0.00 N/A \$ 0.00
 Name Amount Name Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment Nevada County 9/27/2016
 Location of Travel Dates (month, day, year)
 NID ☐ Rail ☒ Air ☐ Bus ☐ Auto ☐ Other N/A
 Transportation Provider Check Applicable Boxes Name of Lodging Facility
 \$ 0.00 \$ 0.00 \$ 800.00 \$ 0.00 \$ 800.00
 Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: N/A \$ 0.00
 Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Helicopter travel was offered by NID to expedite travel to jointly inspect dams in remote areas under State jurisdiction for dam safety. The use of a helicopter is more efficient for both organizations and is generally a safer mode of transportation to dams with limited road access.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Roundtree Austin Engineer, W.R. DWR/DSOD
 Last Name First Name Position/Title Department/Division
 Last Name First Name Position/Title Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Michael Waggoner Michael Waggoner Field Engineering Branch Chief 10/18/16
 Signature Print Name Title (month, day, year)

Comment:

(Use this space or an attachment for any additional information)

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PAYMENT TO AGENCY REPORT

1. Agency Name

California Natural Resources Agency

Division, Department, or Region (if applicable)

Department of Water Resources - Division of Safety of Dams

Street Address

2200 X Street, Suite 200, Sacramento, CA 95818

Area Code/Phone Number

916-227-9800

Email

michael.waggoner@water.ca.gov

Agency Contact (name and title)

Michael Waggoner, Chief, Field Engineering Branch

Date Stamp

DWR PERSONNEL

2016 OCT 13 AM 8:52

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☐ Amendment (explain in comment section)

Date of Original Filing: 10.13.16
(month, day, year)

2. Donor Name and Address

☐ Individual N/A N/A ☒ Other Sacramento Municipal Utility District (SMUD)
Last Name First Name Name
PO Box 15830 Sacramento CA 95852
Address City State Zip Code

Power Generation

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

→ If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

N/A \$ 0.00 N/A \$ 0.00
Name Amount Name Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment

El Dorado County

8/31/2016

Location of Travel

Dates (month, day, year)

SMUD

Transportation Provider

☐ Rail

☒ Air

☐ Bus

☐ Auto

☐ Other

N/A

Name of Lodging Facility

\$ 0.00

\$ 0.00

\$ 500.00

\$ 0.00

\$ 500.00

Lodging Expenses

Meal Expenses

Transportation Expenses

Other Expenses

Total Expenses

3.1 (b) Payment(s) not related to travel:

N/A

\$ 0.00

Dates (month, day, year)

Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Helicopter travel was offered by SMUD to expedite travel to jointly inspect dams in remote areas under State jurisdiction for dam safety. The use of a helicopter is more efficient for both organizations and is generally a safer mode of transportation to dams with limited road access.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Jimenez

Timothy

Engineer, W.R.

DWR/DSOD

Last Name

First Name

Position/Title

Department/Division

Last Name

First Name

Position/Title

Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Michael Waggoner
Signature

Michael Waggoner
Print Name

Field Engineering Branch Chief
Title

10/07/16
(month, day, year)

Comment:

(Use this space or an attachment for any additional information)

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